PTO/SB/17 (10-07)
Approved for use through 08/30/2010. OMB 0651-0032
U.S. Patient and Trademark Office U.S. DEPARTMENT OF COMMISSION

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of Information unless it deplays a valid OMB control numb							
Effective on 12/0	Complete if Known						
Fees pursuant to the Consolidated Appro	Application Number		10/827,294-Conf. #2590				
FEE TRANS	Filing Date		April 20, 2004				
For FY 2008			First Named Inventor		Akira KUBO		
FOF F 1 2008			Examiner Name		D. R. Rao		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1624			
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket No. 0283-0192			31	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee							
x Charge any additional fee(s) or underpayments of x Credit any overpayments							
fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type Fee (Small Entity Si Fee (5)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees	Paid (\$)
Utility 310		510	255	210	105		
Design 210	105	100	50	130	65		
Plant 210	105	310	155	160	80		
Reissue 310	155	510	255	620	310		
Provisional 210	105	0	0	0	0		
2. EXCESS CLAIM FEES		-	=	_	-		Small Entity
Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims				370	185		
Total Claims Extra Claims	Paid (\$)		Multiple Depende				
60 - 60 =	aid (4)			ee Paid (
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
3 -3 × × × HP * highast number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
SUBMITTED BY . I _ /							
AL MILLO	\rightarrow		Registration No.	28,977	Telephone	(703) 20	5-8000
(Automorphogen)						182000	
Name (Print/Type) Gerald M. Murphy, Jr.							
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